



Clarence Park
Community Kindergarten

Medical Conditions

Dealing with Medical Conditions and Administration of Medicine Procedure

Rationale

At Clarence Park Community Kindergarten, we are committed to care of children's health and wellbeing and the protection of staff. This procedure provides for the safe and effective management of medical conditions and medication.

The Administration of medication in an education setting requires strict adherence to the procedure and processes agreed to ensure the safety of all children. Every education service has a duty of care to take 'reasonable precautions' during the period of care to minimise risks. For medication, 'reasonable precautions' includes making sure: the child is presenting for their medication administration, the medication is administered as directed in the medication agreement and all medication rights are met.

Scope

This procedure applies to all educators and support staff working at the kindergarten.

It describes:

- The roles and responsibilities for safe and effective medication management practices in education and care settings
- How to plan and manage children and young people requiring medication administration in education and care
- The first aid response for emergency medication administration

This procedure follows the Department for Education's Medication Management Procedure and supporting documentation.

Information about Children's Health Needs and Health Support Agreements

At the time of enrolment initial information is provided by families about children's medical needs and conditions. It is the role of the Director, supported by other site staff, to obtain further information from families and to work with them, and where necessary, supporting health professionals, to obtain details of individual care recommendations for any child or young person with an identified health condition that may need intervention from education and care staff. Treating health professionals provide this information through care plans, management plans, action plans, first aid plans and medication agreement

The plans provide details of emergency and routine health and personal care support for the child or young person. These plans will inform employees how they can assist children and young people with various health conditions such as seizures, anaphylaxis, asthma, diabetes, continence.

Not every child or young person with a health condition requires a care plan. Where a child or student has a health condition that does not require any intervention at preschool they do not require a care plan.

Where a review date has expired the care plan remains valid until an updated form is received. A review date is not an expiry or end date.

Health Support Agreement

Where a parent advises their child requires health support the Director or an educator, together with the family, must develop a health support agreement that outlines how the site will meet the requirements of the health care plan. The health support



agreement will identify site specific management and emergency response strategies and the level of care needed.

A health support agreement may be developed either with or without a formal medical diagnosis and care plan completed by a health professional.

A health support agreement should be reviewed in consultation with families when a care plan has been reviewed and updated; as soon as practicable after a medical emergency incident at the preschool, prior to the child participating in an offsite activity (ie excursions) or at onsite special events (ie class parties, cultural days, fetes, incursions).

Administration of Medication

Medication Definition

“Medication” includes all prescribed, non-prescribed, over the counter and alternative therapies (vitamins, minerals, supplements) that are administered in an education and care service.

“Medication” in this context doesn’t include sunscreen, nappy rash cream, moisturising lip balm, lubricating eye drops or moisturiser (emollient) where they are unmedicated. It doesn’t include Creon® (for cerebral palsy) or items included in a hypo kit (for diabetes).

Where education and care staff are unsure if the product contains medication, they can contact their local pharmacy or the Medicines Information Service at the Women’s and Children’s Hospital (8161 7555) for advice.

Authority to administer

Medication cannot be administered in an education or care service without written advice on a medication agreement (with the exception of emergency medication for anaphylaxis and asthma).

Medication cannot be administered by education and care staff if a medication agreement has been modified, overwritten or is illegible or any of the ‘medication rights’ are in doubt, (refer to the medication rights checklist).

All sections of the medication instructions must be completed and match the pharmacy label on the medication.

All requirements listed in the ‘authorisation and release’ section must be checked and parent or guardian details entered.

The agreement section must be completed by a treating health professional where the medication is a controlled drug, oxygen, or pain relief (ie paracetamol, ibuprofen) that is needed regularly or administered for more than 72 hours (3 days) in a week.

Medication that is labelled “to be taken as required”, “as directed”, “PRN” does not provide enough information and cannot be administered by education staff.

The medication agreement must say the time of administration. Education staff cannot make a clinical decision about when to give medication based on a child’s symptoms or behaviour, with the exception of an asthma care plan, and ASCIA action plan (for anaphylaxis or allergy) or an emergency medication management plan to administer midazolam for seizures.

There are specific requirements for administration of scheduled medications and where there are multiple or high risk medicines prescribed, invasive administration techniques, frequent dose changes or emergency medications. In the event of the need to administer such medications, reference will be made to the Department for Education’s policy and procedures.

Pain relief such as paracetamol or ibuprofen are not permitted in education services as medication for first aid. They can mask signs and symptoms or serious illness or injury.

No administering of First dose

Children should not be given a first dose of a new medication at an education service. Due to the dangers of an adverse reaction the first dose must be supervised by a parent, guardian or health professional. An exception to this is emergency medications, including Ventolin or adrenaline

Provision of Medication

The parent or guardian is responsible for providing all medication and administration equipment. They should be encouraged to give and collect any medication in person where possible. Where this is not possible, the education and care staff, in consultation with the parent or guardian, should discuss and agree on safe methods of transport and transfer.

All medications must be provided in an original pharmacy container and have a pharmacy label with:

- child or young person's name
- date of dispensing
- name of medication
- strength of medication
- dose (how much to give)
- when the dose should be given
- other administration instructions (such as to be taken with food)
- expiry date (where there is no expiry date the medication must have been dispensed within the last 6 months).

Procedure to follow when Administering Medication

The 8 rights documented in the medication rights checklist are regarded as standard measures for safe administration practices in education and care services. It is imperative that the any medication administered follows the 8 'rights'

1. The right child,
2. The right medication,
3. The right dose,
4. The right strength,
5. The right route (Education services can only administer medication aurally, orally, inhaled or topically)
6. The right method, t
7. The right time as stated on the medication agreement (Education staff can't make a clinical decision about when to give medication based on a child's symptoms or behaviour); and
8. The right documentation

This checklist must be followed every time medication is administered in education and care services.

Two staff members must be present during medication administration.

Hand hygiene and standard precautions should be followed prior to, during and after medication administration for each child.

- The medication log must be completed each time medication is required to be administered.
- One medication log is required for each child, and for each medicine.
- Both staff members must print their name and initial the medication log confirming all details are correct and the medication rights checklist has been followed.
- When all rows on the medication log have been completed, or when the medication is no longer required, the log must be closed. Give a copy to the parent/guardian. Keep the original filed in the child or young person's record.

Where any medication rights are in doubt do not administer medication. Instead:

- document in medication log
- contact the parent or guardian
- complete a medication advice form

Adrenaline autoinjector (EpiPen® or Anapen®) and asthma reliever inhaler (Ventolin®)

- Adrenaline autoinjectors and asthma reliever puffers can be given as a first aid response to any child, young person, staff or visitor having anaphylaxis or an asthma attack.
- Where a child or young person has been prescribed an adrenaline autoinjector (EpiPen®) or reliever puffer for emergency medication, this should be administered in line with their ACSIA action plan or asthma care plan.

Application of Unmedicated creams, balms or drops is permitted

Education staff can apply unmedicated products, including sunscreen, nappy rash cream, lip balm or moisturiser at the request of the parent or guardian.

The parent or guardian must give clear instruction on when and how much (if relevant) to administer. There must be an agreed approach to how this is documented and communicated between the staff and parent or guardian. This may include: verbal agreement and expectation with no documentation, for example, nappy rash cream is applied at every nappy change, or the completion of a medication log every time the unmedicated product is applied; or communication with the family that the product has been applied.

Communication

Communication strategies where a child requires medication must be developed with an assurance that parents and guardians understand the content, and should include:

- Educator awareness of all children currently enrolled who require administration of medication during attendance where this is required as an emergency response
- regular communication with parent or guardians of children and young people requiring medication administration during attendance to provide assurance that appropriate management, risk minimisation and emergency response strategies are in place including receiving copies of the medication log and medication advice form as required
- parent or guardians to communicate any changes to the child or young person's risk factors to ensure education and care staff have up-to-date information

Summary of key points regarding Administration of medication:

- Medication will only be administered in line with information provided in a current medication agreement.
- Medication is to be handed to an educator who will record the information in the medication log and store the medication in the first aid cupboard or refrigerator as advised. Medication must not be placed in children's bags.
- The kindergarten will not administer medication where it is the first dose of a medication for a child.
- Only medication that specifies a prescribed dosage and time will be administered. Educators cannot make a clinical decision on an 'as required' basis. Exceptions to this are where there is an asthma plan, anaphylaxis plan or a seizure plan in place for the child.
- Medication is to be supplied in the original bottle and be prescribed to the child and have a pharmacy label that indicates the dosage, time to be administered and any other information such as to take with food.
- Two educators will check the label on the medication and the medication agreement before administering medication, they will both be present while the child takes the medication.
- The administration of the medication will be recorded in the medication log.
- Educators will practice effective hand hygiene and use personal protective equipment.
- Educators are not permitted to administer paracetamol as a first aid measure it can mask serious symptoms of illness.
- In the event that a child refuses to take prescribed medications, educators will advise the parent/caregiver immediately. Educators will not attempt to coerce the child to take the medication and parents/caregiver may need to attend the centre to administer the medication.
- Educators can apply unprescribed products such as sunscreen, nappy rash cream, lip balm or unmedicated moisturiser where parents request the application and provide the product.
- Educators are able administer the following general medications for emergency use:
 - Adrenalin autoinjector (EpiPen) for emergency anaphylaxis treatment
 - Reliever puffer (Ventolin) for emergency treatment of asthma.

References

Guide to Planning Health Support in Education and Care, Department for Education Medication Management in Education and Care procedure, Department for Education Health and Complex Needs support and Management, Department for Education Medication Information Service, SA Health

Supporting Department for Education Documents

HSP120 Health support agreement (Word 138KB)

HSP121 Safety and risk management plan (Word 139KB)

HSP124 Individual first aid plan (Word 128KB)

HSP125 Guide to planning health support (Word 86KB)

HSP151 Medication agreement (Word 172KB)

HSP152 Multiple medication agreement (Word 212KB)

HSP153 Emergency medication management plan (Word 167KB)

HSP155 Medication log (Word 202KB)

HSP156 Medication rights checklist (Word 135KB)

HSP157 Medication advice form (Word 156KB)